



Registration & Waiver Form for Youth & Adult Classes

Please **PRINT** the following information:

Participant's Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone (_____) _____ Ask For: _____

Work Phone (_____) _____ Ask For: _____

☐ Please send me e-mail updates about Recreation classes and programs

E-mail address _____

Emergency contact:

Name _____ Phone (_____) _____

Do you or your child have any special needs for this class or activity that we should know about?

Each adult participant must sign below.

In addition, the signature of a parent or legal guardian is required for youth registrations.

In consideration of participation in a class or activity offered by the Park and Recreation Department of the City of Sunnyvale, I, the undersigned for myself and/or as the parent/guardian of the Minor named above, agree to indemnify and hold the City of Sunnyvale harmless and hereby waive, release and discharge any and all claims for damage, for death, personal injury, bodily injury or property damage which I and/or the Minor may have or which hereinafter may accrue to me and/or the Minor against the City of Sunnyvale, its City Council, employees, agents, and volunteers from and against any liability arising out of or connected in any way with my and/or the Minor's participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above.

I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of me and/or the above named Minor and to release and to hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me and/or the above named Minor (or my/our heirs or assignees) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my/our heirs and assigns.

I have read and agree to the registration and program policies. Further, I agree to allow use of my image and/or that of the named minor, which may be captured through video, photo, digital camera or other media, for City of Sunnyvale promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand its contents.

Check the appropriate box(es) and sign:

☐ Participant (over 18) ☐ Parent ☐ Legal Guardian

Signature/date _____

Print Name _____

☐ My check is attached.

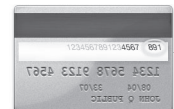
Make payable to: City of Sunnyvale. NOTE: \$30 charge on all returned checks.

Charge my: ☐ Mastercard ☐ Visa

Name of card holder _____

Signature _____

Card No. | _ _ | _ _ | _ _ | _ _ | - | _ _ | _ _ | _ _ | _ _ | - | _ _ | _ _ | _ _ | _ _ | - | _ _ | _ _ | _ _ | _ _ |



REQUIRED!

3-Digit Security Code (on back of card) _____

Expiration (MM/YY): ____ / ____

First Name	Birth Date (if under 18yrs)	Program/Title	Class #			Program Fee
			1st Choice	2nd Choice	3rd choice	

For office use only Receipt # _____ Initial _____

Total Fees